

spent \$2 trillion of the American people's money and purchased the worst inflation in more than 40 years.

Well, actually, that is not all it purchased.

GOVERNMENT FUNDING

Mr. MCCONNELL. Madam President, sure, the Democrats' \$2 trillion didn't buy our country anything lasting like a Hoover Dam or an Interstate Highway System—nothing like that—but the money had to go someplace—and, boy, did it ever.

Democrats and lots of the media spent most of 2020 and 2021 shouting that Republicans were risking calamity because we didn't want to dump endless sums into slush funds for State and local governments. It turns out we were right, and they were wrong. State and local governments are now so awash in Democrat bailout money they can't even figure out where to put it.

One recent news report found this bonanza has "provided a boon for localities seeking to build or upgrade their pickleball amenities." Yes, you heard that right.

Dozens of municipalities are adding pickleball courts to their park and recreation offerings—and many are using a slice of their coronavirus aid package to underwrite the construction boom. If the Hoover Dam and the Lincoln Tunnel are enduring monuments to the New Deal's infrastructure spending, perhaps pickleball courts will become a lasting legacy of the \$1.9 trillion American Rescue Plan.

In New York, one county set aside \$12 million in so-called relief funds to renovate a minor league baseball stadium. In Iowa, county officials put aside \$2 million—listen to this—to buy a private ski area. In Colorado, two golf courses are getting their irrigation systems replaced, thank goodness. In Wisconsin, a skate park is getting a million-dollar makeover.

The American Rescue Plan didn't rescue working people from anything. It only rescued bureaucrats from any semblance—any semblance—of fiscal sanity.

Remember, Democrats openly admitted they viewed pandemic relief as an ideological Trojan horse. They called this terrible, deadly virus "a tremendous opportunity to restructure things to fit our vision."

And so right on cue, their so-called rescue plan has funded environmental justice grants to address something called inequitable tree canopy cover in Massachusetts. Some public school systems, in the vice grip of Big Labor, are using their windfalls to advance bizarre indoctrination in things like critical race theory.

The rescue plan dollars have funded staff trainings to make sure the educators paid to look after young kids are up on all of the latest "woke" buzzwords and causes.

The American people wouldn't want this junk if it were free. They definitely don't want it for the pricetag of

\$2 trillion of their money and the worst inflation in a generation.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. DURBIN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

HEAL INITIATIVE AND GUN VIOLENCE

Mr. DURBIN. Madam President, over the past 2 years, our understanding of healthcare and good health practices has changed. The pandemic revealed we cannot limit the delivery of care to the hospital or the doctor's office. We need to reach out, particularly to the most vulnerable members of our communities, directly, personally. That is exactly what is underway in Chicago right now.

Four years ago, I brought together the CEOs of the top 10 hospitals in Chicago. They were located in areas around the city, I noticed, that were comparable to the areas of greatest gun violence, each one of those hospitals. So I asked the 10 CEOs to come over for breakfast—I bought the bagels and coffee—and they sat down around the table and they looked at one another and they told me: This is the first time we have ever sat in the same room together.

They are competitors. They are trying to get the same people to come to their hospitals. But this morning was a conversation about what they had in common.

These hospitals are on the frontlines of treating victims with bullet wounds. When I met with those CEOs in 2018, we talked about how you not only treat this kind of violence but how you prevent it.

We launched something called the Chicago HEAL Initiative. "HEAL" stands for Hospital Engagement, Action, and Leadership. Despite being competitors, these 10 hospital CEOs sat down, and on their own—without my input, without my urging or any Federal mandates—wrote 16 things they thought they could achieve over a span of 3 years. I looked at the list and said that this sounds good to me.

We knew we couldn't solve every aspect of the complex problems facing us with gun violence, but it was a good start. They said to me: This is the first time we have ever gotten together, and we were able to come up with an agreement.

Well, last week, the 3 years were up, and we announced what happened at these hospitals over the last 3 years. The gunshot patient in the emergency room, hospitals are no longer just stitching up their wounds; they are also addressing the emotional scars to prevent retaliation. Last year, 3,000 gunshot victims were paired with counselors and caseworkers.

Without these interventions, we know that nearly half—half—of the gunshot victims would be back in the hospital within 5 years. That is a fact. But the hospitals are also looking further upstream to try to put an end to violence in the city of Chicago.

People say the best way to stop a bullet is with a job. Well, these 10 hospitals took that to heart. Over the last 3 years, these 10 hospitals increased new hires from neighborhoods of the highest gun violence, which face more poverty than other neighborhoods, obviously, by a whopping 21 percent.

Here is what they do. They go into the high schools and middle schools around the hospitals where they do business and sit down and talk to the kids and say: How would you like to shadow one of our nurses or one of our doctors, see what it is like in the hospital here and maybe even have a summer internship? All of a sudden, young people have taken an interest in that hospital that they walk by every day and never ever related to.

The hospitals also decided they have economic clout. Think of the money that is spent on goods and supplies at every hospital in America. Well, they decided to reach out to their suppliers and say to them: We are going to give you special consideration if you will locate part of your business in the neighborhood around our hospital so that people in the neighborhoods can be working to provide the goods and materials that we need.

They increased goods and services from local suppliers by nearly 30 percent—\$120 million last year—just the beginning, seed money to get these businesses in the neighborhood supplying the hospital.

Importantly, these 10 hospitals are going into the Chicago middle and high schools offering apprenticeship programs, and it is working. Last year, 5,000 students went through these apprenticeship and intern programs.

This is especially important 2 years into the pandemic. Our hospitals have been hit with shortages of nurses, doctors, and critical support staff—not just in the city of Chicago, I might add, but the entire State. I spoke to the Southern Illinois Health Clinic CEO, and he has talked to me about the same thing they are running into in Chicago. They just don't have enough medical professionals.

I met last week with members of the Illinois Hospital Association. They told me that the shortages and burnouts in our health workforce is their top concern. They are working with local schools to recruit students.

A few years ago, I kept hearing this nursing shortage, nursing shortage, and I decided I had to learn what was behind this. And it is a very simple fact of economics. Here is what it comes down to. If you are a registered nurse in my State of Illinois, it is not uncommon for you to have an opportunity to make a six-figure salary, not uncommon at all. And particularly if you are

in the big city, you are going to make that much money. That is a good salary, and I believe these nurses deserve it.

But then you say, well, we need more nurses. We need to have more nurse training. Well, what do you need for nurse training? A teacher. A professor.

How do you take a registered nurse and turn that registered nurse into a professor? Two years for a master's degree in nursing.

The obvious question: What is that nurse going to do for 2 years while she is going to school or he is going to school to become a professor? They are not going to get the six-figure salary that they were earning as RNs. So there is an obvious economic disincentive for them to go into teaching even if they want to do it.

Now, let's assume they get through the 2 years and the master's degree, and now they are professors. The amount that they are being paid at the community college or at the nursing school is not comparable to the salary of an RN. So the economics of the situation come in as a great obstacle.

So what happens—you know this, I am sure, very well, Madam President. What happens to the hospital that doesn't have enough nurses? They have to go out for what they call contract nurses. I am not holding anything against these people. They make a living and are pretty smart at it. They make themselves available. Some of them move all over the country to be in different hospitals, and they get paid dramatically more than the RNs who are on the regular staff.

One hospital told me they pay three times the rate for a contract nurse as a regular nurse. Another said five times the rate. If you can think what that means, the budgets of these hospitals and clinics are going through the roof with these additional costs for a nursing shortage.

So we have got to find a way to create the economics of more nursing professors from the RN pool that is overtaxed, working hard, getting paid six figures, and move them into teaching ranks.

The obvious beneficiaries are all of us in America, but directly it is hospitals and clinics. So they have to join with us in a joint effort to try to solve this problem.

We also know that trauma is the root of much of the pain and conflict in our neighborhoods. You have heard the phrase: "Hurt people hurt people."

Almost 30 years ago, the CDC did a study on adverse childhood experiences, called ACEs. They found that witnessing violence or growing up without a stable home can really have an impact on the human mind, the mind of a child. Without the right help, that trauma can rewire a child's brain and change the way they see the world. It is not hard to see how this fuels the cycle of violence.

Under the HEAL Initiative, these 10 Chicago hospitals are bringing their

medical expertise into the community to help children cope with traumatic experiences. I have seen it in a classroom, in one of the classrooms called Calm Classrooms Project, which teaches meditation in school.

I was at a classroom of third graders, and the teacher said to the kids at their desks: Now we are going to be quiet for 5 minutes. So everybody just think about what we are going to do today.

There was one kid who just couldn't do it. He was fidgeting. He wanted to talk. She was telling him: No, no. Be quiet for a little while.

I said to the teacher afterwards: What is going on?

She said: That little boy is going through some real problems at home.

I said: What are you going to do about it?

She said: Senator, I am a teacher. I am not a psychologist. I am not a counselor. We need somebody to sit down and talk to him. He needs help right now.

Well, imagine all these kids coming back from their Zoom educations, trying to get back into the classroom and into the swing of things. For a lot of kids, there is an adjustment. They need a helping hand.

So what we are trying to teach is that what is going on with mental health issues, wellness issues, trauma issues all relates to the outcomes we are looking for: kids who are successful in school and kids who avoid the gangs and violence on the street.

Two weeks ago, I visited Drake Elementary School—the Drake Dragons—where I toured one of the school clinics and the mobile health van. Listen to this, Madam President. You are going to like this. They have a clinic in the school itself. They treat the kids with counseling and physical and health—whatever needs they have. They, of course, are there for the staff, but they also make it open to the families of the kids, no questions asked: Come on down to our clinic. When you drop your kid off at school, come on into the clinic if you need a helping hand. And they have expanded that to the neighborhood as well. It is a great idea, and it is based in the school—what I like about it.

It has been years and years since I was there, in grade school. We had an occasional school nurse, but that was about it. What would you think about a real clinic in the school? And over half of the people who come in need mental health counseling. It is an important part of life, and they are responding to it.

We were joined in our meeting just a week or so ago by Dr. Walensky from the CDC. She applauded these hospitals that are part of the Chicago HEAL Initiative, and she said this innovative partnership is exactly what CDC sees in the future.

I hope President Biden agrees. I am sure he will. In his fiscal year 2023 budget, the President called for a \$250

million investment in community violence interventions to support programs like the HEAL Initiative. Believe me, I am going to knock on his door. In March, in his State of the Union Address, the President urged lawmakers to come on a bipartisan basis to address mental health.

DEBBIE STABENOW, our colleague from Michigan, has been one of the strongest proponents of mental health. She was talking about this—and should. The President hears the message, and he is delivering.

I partnered also with Senator CAPITO, a Republican from West Virginia, on the RISE from Trauma Act, which will help more kids heal from trauma. Our bill would increase the resources for a trauma-informed workforce. Projects like HEAL and this legislation with Senator CAPITO can really change lives for the better.

GUN VIOLENCE

Mr. DURBIN. Madam President, let me say a word about gun violence because in the city of Chicago, which I am honored to represent, it breaks my heart what is happening in that city.

Not last weekend but the weekend before, there were 37 shootings in the course of a weekend. Seven people died. This weekend, 9 people were killed and 26 others wounded by gunfire. This is the beginning of the summer months. I am afraid that it tells us we still have a massive challenge ahead of us. We have to do more at every single level.

Let's start with what the HEAL Initiative is doing and bring some hope to the lives of folks, give them an opportunity for a decent-paying job, let them have an affordable place to live that is safe from gunshots and other threats to a family.

We have to work on this together to deal with the criminal justice system. We learned the hard way that simply putting tougher sentences down for something like crack cocaine is not necessarily the answer. In fact, it can backfire, as it did, we learned, over the last 20 years. We have to have sensible criminal sentencing guidelines that punish wrongdoing, of course; keep dangerous people off the street, of course; but give people a chance to rebuild their lives. Many of them will be able to do it. Let me also say that we have to have effective prosecution.

We lost one of our best Chicago policewomen just last year. Her name was Ella French. Ella French was a lovely, young, respected police officer who was sitting in a car with her partner. A fellow came up with a gun, shot her in the back of the head—unfortunately, killed her—and then shot her partner in the head, too, and blinded him in one eye. His name is Officer Yanez. I met him at the South Side Irish Parade.

Well, the tribute to Ella French, who lost her life in the line of duty, was like something I have never seen before in Chicago. They went to a high school